

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

I Reporting Information

Year: July 1, 2013 through December 31, 2013

Fill in circle if amendment ☒

FOR OFFICE USE ONLY

rec'd 1/15/14 HD

II Client Information

Name: College of Staten Island, City University of New York

Permanent Business Address: 2800 Victory Boulevard

City: Staten Island

State: New York

ZIP code: 10314

Phone: 718-982-2250

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$.00

Beginning date of Business Relationship (Actual or Anticipated):

Month:

Year:

End date of Business Relationship (Actual or Anticipated) if applicable:

Month:

Year:

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ☐

Continued on next page

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Borelli

State Person First Name: Joseph

Agency or Legislative Body of Employment: New York State Assemblymember

Public Office Address: 101 Tyrellan Avenue, Suite 200

City: Staten Island

State: NY

ZIP code: 10309

Phone: 718-967-5194

Description of Business Relationship(s): NYS Assemblymember Borelli served as an adjunct faculty member for the College of Staten Island during the Fall semester of 2013 (at a rate of \$67.42 for 105 hours, and an additional fifteen professional hours at the same rate).

Compensation (Actual or Anticipated): \$ 8,090.40 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 8,090.40 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: December

Year: 2013

Check here if using addendum sheet for additional State Person(s): ☒

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration. (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE: WJ Fritz

DATE: January 14, 2014

PRINT NAME: LAST Fritz

FIRST William J.

Mark One:

☒ Chief Administrative Officer

☐ Designee(Attach Letter)

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Business Relationship with an Entity

Instructions: Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

III(a) Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ☐

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

III(b) Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name: Porzio

State Person First Name: Ralph J.

Agency or Legislative Body of Employment: Office of New York State Senator Andrew Lanza

Public Office Address: 3845 Richmond Avenue, Suite 2A

City: Staten Island

State: New York

ZIP code: 10312

Phone: 718-984-4073

Description of Business Relationship(s): Ralph J. Porzio, a Counsel Aide in the Office of NYS Senator Lanza, served as an adjunct faculty member for the College of Staten Island during the Fall semester of 2013 (at a rate of \$82.47 for 45 hours).

Compensation (Actual or Anticipated): \$ 3,711.15 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 3,711.15 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable:

Month: December

Year: 2013